

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43601
5377

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>			d. STREET ADDRESS (If rural, give location) <u>577 Tracy Avenue</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) _____ c. (Last) <u>VAUGHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 18 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>JUNE 3 1939</u>	9. AGE (In years last birthday) <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>RAYMOND VAUGHN</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FANNIE VAUGHN</u>		18. ADDRESS <u>577 Tracy Avenue</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC BRAIN ABSCESS</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY CONGESTION & EDEMA</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-16</u> , 19 <u>50</u> , to <u>12-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>50</u> , and that death occurred at <u>6:12A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Frank Ellis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>0600 East 22nd Street</u>		23c. DATE SIGNED <u>12-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/22/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>			
DATE REC'D BY LOCAL REG. <u>12-21-50</u>		ADDRESS <u>1729 Lydia</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Jerome M. M. M.

Signed.....
Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.